

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10 619 703  
APPLICANT(S)

FILING DATE  
17-1403

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		0		1	
2	1		1		1	
3	1		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		2	
13	15		1		2	
14	1		1		2	
15	1		1		2	
16	1		1		3	
17	1		1		2	
18	1		1		2	
19	1		1		2	
20	1		1		2	
21	1		1		3	
22	1		1		3	
23	1		1		3	
24	1		—		2	
25	1		—		3	
26	1		1		3	
27	1		1		3	
28	1		1		3	
29	1		1		3	
30	1		1		3	
31	1		1		3	
32	1		1		3	
33	1		1		3	
34	1		1		3	
35	1		1		3	
36	1		1		1	
37	1		—		3	
38	1		1		2	
39	1		1		3	
40	15		2		3	
41	15		1		3	
42	15		1		3	
43	15		1		3	
44	15		1		3	
45	15		—		3	
46	15		—		2	
47	15		—		3	
48	15		—		3	
49	15		1		3	
50	15		—		3	
TOTAL IND.			4			
TOTAL DEP.	263		157			
TOTAL CLAIMS	264		157			

	IND	DEP	IND	DEP	IND	DEP
51		15				
52		15				
53		15				
54		15				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						